

Attachment A

2016 - 2017

Budget Period 5 Final Grant Guidance

DPHHS Public Health Emergency Preparedness (PHEP) Activities



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The information in this document provides detail and guidance for the PHEP grant requirements during the 2016-2017 budget period. Each program area has outlined specific requirements, provided additional direction, and included contact information that will assist you.

The PHEP grant comes from the Centers for Disease Control and Prevention (CDC). Montana DPHHS applies for the grant each year. It then distributes a large portion of these funds to county and tribal governments for their public health departments in return for completing the requirements described here. The purpose of the PHEP grant is to support preparedness and response efforts to emergencies and disasters with public health implications.

Please be sure to *fully and carefully* read the deliverables and guidance in their entirety. If you have questions, please contact the associated subject matter expert.

Noted Items for BP5

1. This year PHEP has removed some deliverable requirements because there are no supplemental funds for the response to the 2014 Ebola Virus Outbreak. We don't anticipate any other adjustment to funding.
2. The number of deliverables this year is 47. BP4 had 52.
3. PHEP has re-designated the Functional Needs (FN) category to Access & Functional Needs (AFN). We did this to keep current with the national trending nomenclature for serving those populations.
4. Besides some editing and clarifications among the standard deliverables for this year, two requirements were developed to satisfy some elements of the CDC preparedness grant elements.
 - AFN2 and EX3 enhance preparedness planning for access and functional need populations.
 - Immunization has added a deliverable as IZ3.
 - The Laboratory divided their one deliverable into four parts spread out over the four quarters.

Of particular importance for this budget period is a gap analysis designated as the P1 requirement. The CDC bases its PHEP grants on plans to achieve standard capabilities for public health preparedness. This is done on a five year cycle in which the capability standards are revised to better guide preparedness activities. DPHHS PHEP is preparing for the next five year cycle by asking local and tribal public health

agencies to complete a jurisdictional assessment based on the standardized capabilities. Jurisdictions completed a similar survey at the beginning of the current cycle. PHEP will use the results of this year's survey to compare with the last analysis to determine any needed adjustments in the grant deliverable requirements. We will provide more information about the national standards for public health preparedness capabilities later in the year.

Criteria for Due Date Extensions

Jurisdictions must complete all contract deliverable work *within the quarter it is due* as designated in the task order (Section 4: Compensation). The 15 days between the end of a quarter and the progress report due date is reserved for gathering information and completing the report. Work completed between the quarter end and the report due date does not qualify unless prior arrangements are made with DPHHS.

DPHHS can grant a due-date extension for a jurisdiction if it meets one or more of the following criteria.

- Insufficient personnel or other staffing issues prevent timely report completion
- Technical or software difficulties impede completion of the report
- Information needed is not yet available for the report
- Ongoing emergency response operations prevents completion

A jurisdiction must make an extension request to the DPHHS PHEP Section supervisor *before the end of the 15 day report period*. DPHHS could withhold payment or partial payment if deliverables are submitted incomplete or late (Section 4: Compensation).

Grant Progress Report Due Schedule

Quarter 1	July 1 – September 30	Due October 16
Quarter 2	October 1 – December 31	Due January 16
Quarter 3	January 1 – March 31	Due April 17
Quarter 4	April 1 – June 30	Due July 17

Administration

DPHHS collects vital contact information into an electronic directory for maintaining communication with county and tribal health departments. All Health Alert Network (HAN) messages generate from the contact information provided in the directory. It is very important to maintain this repository with the most current details available.

A1 Maintain the Montana Public Health Directory

Due: Every Quarter

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

Guidance: Each jurisdiction must log into the system with a user name and password provided by DPHHS. The directory is found at <https://mphd.hhs.mt.gov>. Each quarter, verify that the information in the directory is complete by selecting the “mark as reviewed” button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

To fulfill this deliverable:

1. Update all information for every contact in each category and select ‘mark as reviewed.’
2. Select ‘complete’ in deliverables.
3. The following positions should be updated:
 - Lead and secondary contact for epidemiology
 - MIDIS users
 - Locations of Cat A Shippers, DWES, CBAT, and clinical specimen kits
 - Lead and secondary contact for sanitarians
 - Contact information for the Board of Health Chair and health mailing. Health department after-hours numbers, and contact information for health office and lead local health officials
 - Lead, secondary and tertiary HAN contacts
 - Lead and secondary contact for preparedness
 - Public information officer
 - SNS Coordinator
 - SNS drop point locations
 - Volunteer registry manager
 - Base station and mobile satellite locations.

Access and Functional Need Populations

The following Access and Functional Need (A&FN) Populations deliverables will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #1 Community Preparedness, #2 Community Recovery, #7 Mass Care, and #15 Volunteer Management.

NOTE: For the purpose of public health emergency preparedness in Montana, A&FN populations are defined as people having access or functional health (i.e., mental or medical) or physical (i.e., motor ability) needs beyond their capability to maintain during an emergency. This definition omits the economic, social, and transient A&FN populations which are included in the formal A&FN definition. These populations

should be addressed by other LEPC partners in their emergency planning. DPHHS does not require their inclusion in PHEP deliverables because they are not public health related populations. However, you may opt to include them anyway.

AFN1 Identify AFN Service Organizations

Due: Every Quarter

Update the list or database of organizations which serve the AFN population in your community. These organizations might be outside of your jurisdiction.

Guidance: The list or database should include the name of the organization, the populations it serves, name of the contact person, and relevant contact information. These organizations may be outside of your jurisdiction. A template is available on SharePoint (under Emergency Preparedness Resources library > Access and Functional Needs) and in the 2016 Deliverables Resources folder.

To fulfill this deliverable:

1. Post the updated list or database to your SharePoint folder.

AFN2 Identify Crisis Counseling Training Needs

Due: 1st Quarter (10/15)

Request the mental and behavioral health specialists, and other relevant community members, to take the [Disaster Psychological Health Training Survey](https://phep.formstack.com/forms/dph_survey) (https://phep.formstack.com/forms/dph_survey).

Guidance: This information will be used to assist the State of Montana improve the Mental and Behavioral Health Emergency Operations Annex and provide data for Crisis Counseling Training opportunities. Using your AFN list or database and other resources (e.g., MTCDD), reach out to mental and behavioral health organizations who serve your community. Encourage them to take the online survey about their Disaster Psychological Health Capabilities and Training Preferences.

The Montana Council on Developmental Disabilities (MTCDD) has a comprehensive directory of organizations that provide mental and behavioral health services. The directory is found at <http://mtcdd.org/wp-content/uploads/2012/06/Directory-September-2012.pdf>

To fulfill this deliverable:

1. Request the mental and behavioral health specialists who provide services to your community to take the Disaster Psychological Health Training Survey.
2. If your jurisdiction does not have anyone who provides these services, check the appropriate box in the deliverables report form.

Budget & Miscellaneous

Budget information is used to track and report how PHEP funds are used at the local level. This information is crucial to the progress descriptions that DPHHS gives to the Centers for Disease Control and Prevention (CDC). Accounting for PHEP budgets also helps measure the reach of funding that is put towards fulfilling the prescribed public health emergency preparedness capabilities.

- B1 Local Staffing Summary** **Due: 1st Quarter (10/15)**
Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.
Guidance: Remember that staffing is the number of people it takes to fulfill FTE (Full Time Equivalent). For example, if two half-time people work on PHEP, then report 2 STAFF, which equals 1 FTE).
To fulfill this deliverable:
1. Provide the required information on the progress report.
- B2 Budget Estimate** **Due: 2nd Quarter (1/15)**
Provide a budget estimate in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.
Guidance: Each of the categories must total your total contract amount. A table outlining your contract amounts is in the Deliverables folder on SharePoint.
To fulfill this deliverable:
1. Provide the required information on the progress report.
- B3 Actual Budget** **Due: 4th Quarter (7/15)**
Provide the actual budget in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.
Guidance: Each of the categories must total your total contract amount.
To fulfill this deliverable:
1. Provide the required information on the progress report.
- B4 In-Kind and Direct Estimate** **Due: 2nd Quarter (1/15)**
Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.
Guidance: This information is used by PHEP to demonstrate the contributions to emergency preparedness at the local level. Examples could include building rentals, shared office expenses, utilities, or travel for PHEP related business paid from another account.
To fulfill this deliverable:
1. Provide the required information on the progress report.
- B5 Equipment Inventory List** **Due: 4th Quarter (7/15)**
Report the purchase (or contribution to a purchase) of a single item costing more than \$5,000.
Guidance: If your program purchased a single item that cost more than \$5000, or contributed to the purchase of an item costing more than \$5,000, please provide the following information: 1) Item, 2) Serial number, 3) Acquisition date, 4) Cost, 5) Percentage of PHEP funds used, and 6) Percentage of PHEP supplemental funds used.

To fulfill this deliverable:

1. Provide the required information on the progress report.

Emergency Medical Countermeasure

Activities for these deliverables will bring Local Health Jurisdictions (LHJs) closer to attaining 100% compliance with the CDC's Point of Dispensing (POD) Standards for medical and antiviral assets. Ultimately, each LHJ must be prepared to conduct a dispensing campaign based on a 48-hour mass prophylaxis goal. Reviewing, and updating EMC (SNS) plans and documents will prepare each Montana LHJ provide medical supplies quickly to their areas.

EMC deliverables for the grant year demonstrate elements required by the CDC National Standard Public Health Preparedness Capabilities (2011), specifically #8 Medical Countermeasure and Dispensing and #9 Medical Material Management and Distribution.

EMC1 Update and Share CHEMPACK Plan

Due: 1st Quarter (10/15)

Upload a reviewed and updated CHEMPACK plan to your deliverables library on SharePoint. Provide the date reviewed, signed and dated by all identified response partners.

Guidance: CHEMPACK plans must be reviewed and updated on a regular basis. The plan must be shared with identified response partners, including LEPC/TERC, Fire, EMS, DES, Dispatch, and Hospitals as appropriate. All response partners must sign, agreeing to their roles and responsibilities outlined in the plan.

CHEMPACK fact sheets are available, on SharePoint, to share with local partners. The fact sheet details the importance of CHEMPACK, when it is used, and locations of assets in Montana.

To fulfill this deliverable:

1. Upload to SharePoint the CHEMPACK plan with signatures of all identified response partners agreeing to their roles and responsibilities outlined in the plan.
2. On the quarterly report, enter the date the CHEMPACK plan is posted in your SharePoint library.

EMC2 POD Security Assessment

Due: 2nd Quarter (1/15)

Working with your security or law enforcement representative, review and update all existing POD security worksheets and complete any security assessment worksheets for new POD facilities identified.

Guidance: Security templates are available for use on SharePoint in the EMC Library. POD security assessments must have been completed within the last 5 years.

To fulfill this deliverable:

1. Upload the POD security assessments to SharePoint with signature of reviewer and date signed.
2. On the quarterly report, enter the date that the security assessment was completed (must be within the last 5 years).

EMC3 Emergency Medical Countermeasure (EMC) Plan

Due: 4th Quarter (7/15)

Review, update, and post your jurisdiction's approved Emergency Medical Countermeasure Dispensing Plan to your deliverable library on SharePoint. Provide the date reviewed, signed and dated by all identified community planning partners, preferably the LEPC or TERC, in the deliverable report.

Guidance: EMC plans must be reviewed and updated on a regular basis and shared with identified response partners, including LEPC or TERC, Fire, EMS, DES, Dispatch and Hospitals as appropriate. All response partners must sign the plan to indicate agreement to their outlined roles and responsibilities.

To fulfill this deliverable:

1. Enter the date the plan was shared with local planners on the quarterly report.
2. Post the current and updated version (with signature page) of your jurisdiction's EMC plan to your SharePoint library.

Epidemiology

Deliverables for epidemiology are designed to ensure LHJs are conducting activities to maintain a fully functioning communicable disease surveillance and response system. The epidemiology deliverables for the grant year will also demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #6 Information Sharing, #11 Non-Pharmaceutical Interventions and #13 Public Health Surveillance & Epidemiological Investigation.

E1 Identify Key Surveillance Partners (KSP)

Due: Every Quarter

Identify and provide the *total* number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, sanitarians).

Guidance: KSPs should always include laboratories, as well as key providers that report diseases such as community health centers, hospitals, clinics, etc. The number of KSPs can vary for each local health jurisdiction based upon the urban or rural nature of its population. We recommend establishing a primary contact and a secondary with each KSP to ensure communication. KSPs will likely overlap with your HAN lists. KSPs should include schools and long term care facilities, at least seasonally, as those can be affected during influenza season and are often sources of outbreaks like norovirus. An Excel spreadsheet to assist with tracking key reporting sources, primary and secondary contacts at each facility, and your calls is available from the CDEpi section to assist you with documenting this activity. The spreadsheet can be found on SharePoint under PHEP Deliverable Resources library.

To fulfill this deliverable:

1. Provide the total number of KEY SURVEILLANCE PARTNERS (KSP) that you have identified within your jurisdiction
2. From the total, indicate the number of KSP that are:
 - a. Providers (e.g. private and community clinics)

- b. Laboratories
- c. Schools
- d. Senior Care Facility (Nursing homes/assisted living facilities)
- e. other

E2 Conduct Active Surveillance with Key Surveillance Partners (KSP) Due: Every Quarter

Engage your key surveillance partners through “active” weekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

Guidance: KSPs may vary for each local or tribal jurisdiction. KSPs are critical sources for ongoing case report and disease related information. Active surveillance is very valuable for the identification of cases and outbreaks in a timely manner. Active surveillance encourages two-way communication emphasizing collection of information related to reportable conditions as well as sharing of information that may be relevant to the provider. As in the E1 deliverable, some jurisdictions may add schools during the school year or long term care facilities during influenza season. Others may conduct routine active surveillance with KSPs most likely to report a communicable disease event to them.

To fulfill this deliverable:

1. Maintain log of active surveillance calls

E3 Routinely Disseminate Information Due: Every Quarter

Report on the materials your jurisdiction distributed to KSPs each quarter.

Guidance: While deliverables E1 and E2 identify KSPs, this deliverable assists with effective communication with these partners. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations. Provide a short narrative of your actions (example: “Disease reporting packets were provided to all KSPs during the quarter. Two HAN messages from the state and one local HAN were sent to KSPs. An edited local CDEpi weekly update was provided by email to all KSPs as were Norovirus recommendations and guidance to long term care facilities during the winter”).

To fulfill this deliverable:

1. Provide the frequency and short description of materials distributed to KSP

E4 Disseminate Disease Reporting Instructions to KSPs Due: 4th Quarter (7/15)

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person. Please record the date(s) of dissemination.

Guidance: This objective is to ensure that 100% of your *key surveillance partners* have the most up to date information regarding communicable disease reporting.

To fulfill this deliverable:

1. Record the date(s) that disease reporting instructions were provided to KSP

E5 Reconcile Cases with DPHHS Staff

Due: Every Quarter

Each quarter, reconcile your jurisdiction's cases with CDEpi section staff.

Guidance: This deliverable helps ensure that reporting systems are functioning as intended, by resolving issues related to discrepancies between state and local numbers or by correct assignment of cases to jurisdictions. In addition, it helps the CDEpi section maintain accurate numbers for state generated reports and our submissions to CDC.

Review the reconciliation line list provided by the CDEpi section via ePass.

Information provided to the CDEpi section should include:

- Any changes to current cases belonging to your LHJ
- Any cases not on the list that were not reported previously for this time period
- Any cases on the list that *do not* belong to your LHJ

To fulfill this deliverable:

1. Record the date that cases were reconciled with the CDEpi section (see E6, A-M)
2. Complete any missing required data fields in MIDIS

E6 Evaluation of Local Disease Surveillance Data

Due: Every Quarter

Meet the timeliness and completeness standards set forth by the CDEpi section and the Administrative Rules of Montana. Provide an improvement plan if the standards are not met.

Guidance: LHJs should report diseases as timely and completely as possible. These metrics are calculated for all reportable diseases except HIV and animal rabies.

For timeliness, the reporting lag is defined as the average number of days between the date of initial report to a local jurisdiction and the date of report to the state (notification creation date).

Remember, for most diseases the target is less than seven days, but there are some that are immediately reportable, or reportable within one business day. Please review ARM 37.114.204 for reporting time frames.

Data completeness is defined as the percentage of cases reported to DPHHS using MIDIS that contain complete data elements. The data elements are defined both in the Administrative Rules of Montana (ARM 31.114.205) and by federal grant requirements.

- A. Date of birth
- B. Gender
- C. Race
- D. Ethnicity
- E. Physical address
- F. Zip code of residence
- G. Onset date
- H. Hospitalization (Y/N)
- I. Diagnosis date
- J. Date Control Measures were implemented
- K. Date of interview (STD)
- L. Date of Treatment (STD)

M. Completeness of treatment (STD)

The goal for completeness of each data element is 90%. Any cases that have missing elements should be updated in MIDIS during the reconciliation process.

To fulfill this deliverable:

1. Review the CDEpi section reconciliation report distributed to you each quarter and note the reporting lag between your jurisdiction and the CDEpi section. If reporting timeliness is below goal, please provide a brief plan for improvement.
2. Review the most recent CDEpi section reconciliation report distributed to you each quarter documenting the percentage of cases reported to the CDEpi section containing complete data elements. If data completeness is below goal, please provide a brief plan for improvement.

E7 Maintain 24/7 Communication System

Due: Every Quarter

Participate in the regular testing of the 24/7 notification system initiated by the CDEpi section.

Guidance: Your 24/7 notification system is tested monthly. Response is required within 15 minutes of the test call. Review your jurisdiction's 24/7 protocols during the grant period and report any failure of the 24/7 notification test system. Any corrective actions must be summarized in an improvement plan.

To fulfill this deliverable:

1. Report success or failure of your jurisdiction's response to the 24/7 test call. Provide an improvement plan for any failures.

E8 Maintain a Communicable Disease Response Plan

Due: 4th Quarter (7/15)

Review and update your local communicable disease response plan.

Guidance: Fax a signed and dated Communicable Disease Reporting Protocol Checklist (available on the CDEpi SharePoint site) to the CDEpi section by July 15, 2017. **Fax the signed checklist to 1-800-616-7460.**

To fulfill this deliverable:

1. Review and update your jurisdiction's communicable disease response plan
2. Provide the date that the plan was reviewed by your jurisdiction
3. Provide the date that the checklist was faxed to the CDEpi section

Exercise

Exercises and Drills are key components of preparedness. Exercises provide a Local Health Jurisdiction (LHJ) the opportunity to validate plans; assess capabilities, identify shortfalls, fill gaps, identify areas for improvement as well as best practices. LHJs will test their preparedness by exercising their Public Health Emergency Preparedness (PHEP) plans, ensuring the exercise conforms to Federal and State guidelines. All exercises and drills will be self-assessed, using an After Action Report/Improvement Plan (AAR/IP). Once completed, the AAR/IP will be submitted to DPHHS.

Exercises Deliverables for the grant year are used to fulfil the CDC National Standard Public Health Preparedness Capability #3, Emergency Operations Coordination.

EX1 Training and Exercise Planning Workshop**Due 3rd Quarter (4/15)**

Conduct or participate in a Training and Exercise Planning Workshop (TEPW) at a minimum of once per year. LHJs will also maintain or contribute to a multi-year Training and Exercise Plan (TEP) (see training deliverable T1 for the multi-year TEP requirements).

Guidance: The TEPW provides an opportunity to develop, review, or update your agency's TEP. The purpose of the TEPW and the multi-year TEP is to translate your jurisdiction's goals and priorities into specific training and exercise activities. LHJs should consider various factors including, but not limited to; jurisdiction-specific threats and hazards, real world lessons learned, State/Federal preparedness reports, organizational standards, regulations and legal requirements, and AFN.

A successful TEPW will inform and guide a LHJs multi-year TEP. LHJs should make efforts follow the guidance and priorities established in their TEPW.

Special emphasis has been placed on Access and Functional Needs (AFN). LHJs must understand the requirements related to sheltering children and adults with functional support needs in general population shelters and use the whole community approach when developing the TEPW. (For more information refer to the FEMA publication "Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010.")

Note: The TEPW is a planning workshop, not an Exercise. Completion of an exercise does not fulfill this deliverable.

To fulfill this deliverable:

1. Conduct or participate in a TEPW.
2. Provide a summary of the TEPW to the DPHHS PHEP Exercise Coordinator. Include the location, date, participants and summary of topics discussed. Examples include planned exercises, planned training, assessments of current capabilities and whole community strategies.
3. Confirm AFN populations are considered in the development of the TEPW.

EX2 Exercise/Actual Event Participation**Due 4th Quarter (7/15)**

Conduct or participate in an exercise or drill at minimum of once per year. LHJs may use an actual event in lieu of an exercise.

Guidance: The exercise or drill will involve at least two local or state organizations. The Exercise may be an operations-based drill, a functional exercise or a full scale Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercise. LHJs may use an actual event in lieu of an exercise. Submitting an actual event in lieu of an exercise will be completed the same as an exercise. The HSEEP is a capabilities and performance based exercise program that was developed to provide common exercise policy and program guidance that constitutes a national standard for exercises. HSEEP is designed to be adaptable to any exercise program, regardless of the nature and composition of its sponsoring agency or organization, and to the full spectrum of exercise scopes and

scenarios. This includes consistent terminology, design process, evaluation tools, and documentation standards. HSEEP reflects community best practices as well as lessons learned from previous and existing exercise programs. More information is available at <http://hseep.dhs.gov>.

Contact the DPHHS Public Health Emergency Preparedness section Emergency Preparedness Exercises Coordinator for assistance in planning and executing local exercises.

Note: Special emphasis has been placed on Access and Functional Needs (A&FN). LHJs must understand the requirements related to sheltering children and adults with functional support needs in general population shelters. Exercises will include a component addressing AFN (For more information, refer to the FEMA publication “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010.”)

To fulfill this deliverable:

1. Submit an after action report/improvement plan to DPHHS on SharePoint within 60 days of the exercise or event.
2. In the quarterly progress report, provide the date of the exercise and the date of submission of the after action report/improvement plan. Also indicate on the report if the event or exercise involves mass dispensing.
3. Confirm an AFN component/scenario has been included in LHJs Incident Action Plans.

EX3 Volunteer Registry Exercise

Due: 4th Quarter (7/15)

Test the Volunteer Registry by completing a volunteer search for your jurisdiction.

Guidance: Instructions for conducting a volunteer search are found in the Local Managers’ Training Document the local manager received after they attended the Volunteer Registry WebEx in BP4. Contact Margaret Souza at 444-3011 or msouza@mt.gov for more information.

To fulfill this deliverable:

1. Conduct the volunteer search for your jurisdiction. Check the list of people from your jurisdiction.
2. Email msouza@mt.gov the names of individuals you know are no longer in your jurisdiction. Record the date of that email in the report template

Food & Water Safety

The Food & Water Safety deliverables for the grant year will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #7 Mass Care, #13 Public Health Surveillance & Epidemiologic Investigation, and #14 Responder Safety & Health.

F1 Sanitarian Participation in LEPC

Due: 4th Quarter (7/15)

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

Guidance: Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in shelter operations.

To fulfill this deliverable:

1. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC Meeting on the PHEP quarterly deliverable report.

F2 Review Truck and Train Wreck Protocol

Due: 1st Quarter (10/15)

The RS for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118.

Guidance: DPHHS will provide sample accident protocols on the sanitarian resource page. These may be used as guidance in cases where protocols need to be re-written. Otherwise ensuring that the information in your current protocol is up to date is sufficient.

To fulfill this deliverable:

1. Upload a copy of the approved truck wreck protocol to your jurisdiction's SharePoint folder.

F3 After-Hours Contact Information for Sanitarians

Due: Every Quarter

Maintain and update contact information for after-hours phone numbers for the sanitarian and backup (secondary) sanitarian (i.e. dispatch, cell phone, etc.).

Guidance: Please collaborate with the person responsible for updating the Montana Public Health Directory (MTPHD) each quarter in your jurisdiction. The directory is at <https://mphd.hhs.mt.gov>. For your reference, a list of editors by jurisdiction is available on the directory home page.

To fulfill this deliverable:

1. Please confirm that the number listed under the "Health Department with After Hours" link as "After Hours Number" is the correct number to call to coordinate a sanitarian response to an incident outside of the hours of 8AM-5PM Monday - Friday.

F4 Update Contact Information for All Licensed Establishments Due: 4th Quarter (7/15)
Fill in the contact information in the Licensed Establishment Database.

Guidance: Please review the contact information in the database for your licensed establishments and confirm that the phone numbers, mailing addresses, and email addresses for each licensed establishment in your jurisdiction is up to date. Wherever necessary please correct the contact information so that it is current.

To fulfill this deliverable:

1. Ensure that the contact information (phone, email, mailing address) for each licensed establishment in your jurisdiction is updated in the FCS Database.

F5 Confirm Back-Up Sanitarian for Emergency Situations Due: 1st Quarter (10/15)
Make sure that the secondary sanitarian listed in the <https://mphd.hhs.mt.gov> is the individual that should be contacted in emergencies if the primary sanitarian is unavailable.

Guidance: Please review the contact information for the secondary sanitarian in the Montana public health directory, found here - <https://mphd.hhs.mt.gov/> . If the information is correct this deliverable is complete. If you do not have a secondary sanitarian listed or your agreement with the person you have listed is no longer in effect, please establish an agreement with a Registered Sanitarian in Montana to respond to emergencies in your jurisdiction, in your absence.

Emergencies may include water tampering events, water safety in flooding conditions, shelter operations, truck and or train wrecks.

To fulfill this deliverable:

1. Ensure that the contact information for the secondary sanitarian is up to date, and that this individual will respond to emergencies in your absence.

Health Alert Network

Local Health Jurisdictions (LHJs) are to continue to ensure a robust Health Alert Network is established and maintained in their jurisdictions. The HAN deliverables for the grant year will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #6 Information Sharing.

H1 HAN Distribution Due: Every Quarter
Provide the dates that you disseminated DPHHS HANs marked for distribution to your local partners.

Guidance: DPHHS has pre-populated the H1 Deliverable with the DPHHS HAN messages that were designated to “Distribute” and “Limited Distribution.” DPHHS monitors the forwarding rate for HANs that are distributed with a recommendation to do so.

Post any locally generated HAN messages to your SharePoint library.

By testing and reporting on local HAN systems, Montana's LHJs will be able to identify gaps in emergency response plans and measure the effectiveness of communicating with intended audiences.

To fulfill this deliverable:

1. On the quarterly progress report, enter the date received for each DPHHS HAN message, the date it was distributed, and to what audience it was sent.
2. Include the DPHHS HAN account (hhshan@mt.gov) for distributed HAN messages.

H2 HAN Plans & Protocols

Due: 2nd Quarter (1/15)

Review and update HAN plans and protocols.

Guidance: DPHHS recommends that local HAN plan protocols include

- Procedures for determining when to generate or forward a HAN
- Procedures for determining the audience
- Procedure for determining what method to communicate with your audience
- Procedure for determining how to determine if your message was successfully received
- Local HAN contact list(s)
- A communications equipment and other resource list (appendix)
- An equipment maintenance schedule (appendix)
- The DPHHS HAN account (hhshan@mt.gov) is included in HAN distributions

To fulfill this deliverable:

1. Upload HAN plans and protocols to your SharePoint library in the "HAN Documents" folder
2. Provide the date most recently reviewed in the quarterly report

H3 Local HAN Contacts

Due: Every Quarter

Provide the total number of HAN contacts by audience type.

Guidance: A list of audience types will be available on the quarterly progress report. A single contact may be counted in multiple categories.

To fulfill this deliverable:

1. Count and report the number of HAN contacts in your jurisdiction.
 - Food establishments
 - Sanitarians
 - School contacts
 - Hospital contacts
 - Laboratory contacts
 - Pharmacy contacts
 - Emergency management contacts
 - Volunteer organizations
 - Law enforcement contacts
 - and others

H4 Redundant Tactical Communications Tests

Due: Every Quarter

Conduct one (1) communications test EACH quarter using different devices.

Guidance: Try to use different communication devices to contact your local command and management sites within your jurisdiction. Record the test site and the method used on the quarterly report.

NOTE: Once during the grant year, each jurisdiction must conduct a communications test by calling the DPHHS Department Operations Center (DOC) at (406) 444-3075.

To fulfill this deliverable:

1. On the quarterly PHEP progress report, indicate which site you attempted communication and list the device used.

Test one of these sites each quarter

- DPHHS DOC (at least once during the grant period)
- Local EOC
- Local POD Site
- Local Hospital
- Other

Indicate which of these devices was used

- Email
- Satellite Phone
- Cell/Text
- Radio
- Other

Immunization

The Immunization deliverables demonstrate public health preparedness capabilities of vaccination capacity and community communication.

To improve and maintain community preparedness and increase demand for seasonal influenza vaccines, LHJs should work with new and existing vaccine partners, especially those organizations who serve groups at high risk for complications from influenza infection and underserved population groups.

Other partners would include:

- Local authorities
- Health care institutions
- Medical providers
- Pharmacies
- Visiting nurse associations
- Community vaccinators
- Community outreach groups
- Advocacy groups
- Local businesses

IZ1 Immunization Tracking Record

Due: Every Quarter

Report the number of non-routine immunization clinics conducted by clinic type (i.e. Adult, School Located, Daycare, Community, Walk-in or Other), target population, number of individuals vaccinated, and number of doses administered.

Guidance: Use the IZ1 worksheet found in the SharePoint Deliverables Resource Library, Immunization folder to track influenza clinics conducted by

- Type
- Target group
- Total number of individuals vaccinated
- Total all vaccine doses administered
- Total number of influenza doses administered

To fulfill this deliverable:

1. Total your clinic types (along with their numbers) on the IZ1 Worksheet prior to clicking on the Formstack survey link and enter your totaled data (by clinic type) into the survey.

IZ2 Vaccine Partners & Communication

Due: Every Quarter

Report promotional material or media outreach conducted, list the media type and add comments. Provide a list of your jurisdiction's partner agencies or groups (see partner list above) that you have communicated with each quarter.

Guidance: Use the IZ2 worksheet found in the SharePoint Deliverables Resource Library, Immunization folder each quarter to track your vaccine partner meetings and communications.

To fulfill this deliverable:

1. Complete the Formstack survey using the data collected on the worksheet. You can add additional information in the comment section.

IZ3 Complementary Immunization Providers Administering Influenza Vaccines

Due: 3rd Quarter (4/15)

Identify and report the number of individual pharmacies, by type, in your jurisdiction that offer influenza vaccine to adults.

Guidance: Use the IZ3 worksheet found in the SharePoint Deliverables Resource Library, to identify the number and type of pharmacies. Pharmacy types include

- Chain (e.g. CVS, Walgreens)
- Supermarket (e.g. Albertsons, Shopko)
- Mass Merchant (e.g. Costco, Sam's Club, Walmart)
- Independent

To fulfill this deliverable:

1. Complete the Formstack survey using the data collected on the worksheet. You can add additional information in the comment section.

Public Health Laboratory

Lab deliverables this year intend to standardize the All-Hazards Laboratory Transport Plans statewide. Local jurisdictions will need to focus on including all the necessary elements of their plans. During event of a biological or chemical threat, crisis, emergency, or disaster that affects Montana's public health, a transport plan must be concise, thorough, and easy to follow. Lab deliverables support certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #12 Public Health Laboratory.

Thoroughly update the four required elements of your Laboratory Transport Plan. (One element per quarter) and submit the update to the LSB. LSB will provide a transport plan template as a guide. LSB will then provide feedback on each plan. Approval and funding will be based on incorporating the suggested feedback into your plan.

Note: Some jurisdictions have recently submitted their plans to LSB for review.

L1 Suspicious Substance (CBAT) Plan

Due: 1st Quarter (10/15)

Develop or update your Suspicious Substance (CBAT) plan and submit it to LSB for feedback.

Guidance: The Chemical, Biological Agent Transport (CBAT) kit provides components for consistent collection of samples of unknown substances that may be of possible public health concern or associated with a credible threat. Two CBAT kits were provided to each jurisdiction (local health departments and tribes), regional HAZMAT teams, and FBI in August 2012. Jurisdictional Public Health and Emergency Preparedness contacts maintain records of kit locations. The transport plan should contain a description of the kit and an incident that would require its use, where it is located within the jurisdiction, and who would be responsible for collecting samples.

To fulfill this deliverable:

1. By the end of the quarter, post this portion of the plan on SharePoint for evaluation by MTPHL subject matter expert. SME will provide feedback as needed. Approval will be granted upon incorporation of changes. If plans cannot be posted on SharePoint, collaboration may be done via email.

L2 Drinking Water Emergency Sampling (DWES) Plan

Due: 2nd Quarter (1/15)

Develop or update your Drinking Water Emergency Sampling (DWES) plan and submit it to LSB for feedback.

Guidance: This kit provides components for consistent collection of water samples in the event of possible water system tampering or other potential chemical contamination. DWES kits were distributed to local health departments and tribes and water operating plants. Jurisdictional Public Health and Emergency Preparedness contacts maintain records of kit locations. The transport plan should contain a description of the kit and an incident that would require its use, where it is located within the jurisdiction, and who would be responsible for collecting samples.

To fulfill this deliverable:

1. By the end of the quarter, post this portion of the plan on SharePoint for evaluation by MTPHL subject matter expert. SME will provide feedback as needed. Approval will be

granted upon incorporation of changes. If plans cannot be posted on SharePoint, collaboration may be done via email.

L3 Rapid Toxic Screening Plan

Due: 3rd Quarter (4/15)

Develop or update your Rapid Toxic Screening plan and submit it to LSB for feedback.

Guidance: Specimens for Rapid Toxic Screens will be collected per direction of CDC on patients potentially exposed to chemical agents. SAF-T-pak mailers were provided to each jurisdiction (local health departments and tribes). Jurisdictional Public Health and Emergency Preparedness contacts maintain records of kit locations. NOTE: These boxes may meet the requirements for a Category A shipping container, but are specifically earmarked for shipping rapid toxic screens. The transport plan should contain a description of the kit and an incident that would require its use, where it is located within the jurisdiction, and who would be responsible for collecting samples. Collecting facilities should be aware of symptoms suggesting chemical exposure in the population. Information regarding chemical emergencies can be found on the CDC's Emergency Preparedness and Response page: <http://emergency.cdc.gov/chemical/>

To fulfill this deliverable:

1. By the end of the quarter, post this portion of the plan on SharePoint for evaluation by MTPHL subject matter expert. SME will provide feedback as needed. Approval will be granted upon incorporation of changes. If plans cannot be posted on SharePoint, collaboration may be done via email.

L4 Category A Shipping Plan

Due: 4th Quarter (7/15)

Develop or update your Category A Shipping plan and submit it to LSB for feedback.

Guidance: Clinical facilities must have personnel trained and certified in the packaging and shipping of specimens for rule-out referral of suspected select agents and other infectious substances classified as Category A (per 49 CFR 173.196). It is also the shipping facility's responsibility to make sure packaging materials meet all regulatory requirements. Any specimens requiring the use of these containers should only be shipped after consultation with MTPHL. Category A shipping containers were provided to facilities in certain jurisdictions. The location of PHEP-provided containers is documented in the Public Health Directory. The transport plan should contain a description of the kit and an incident that would require its use, and where PHEP-provided containers are located within or closest to the jurisdiction. Note: Some facilities have purchased their own Category A shippers, which may be from a different manufacturer. These shippers are not currently tracked in the Public Health Directory and are not required to be listed in the transport plan.

To fulfill this deliverable:

1. By the end of the quarter, post this portion of the plan on SharePoint for evaluation by MTPHL subject matter expert. SME will provide feedback as needed. Approval will be granted upon incorporation of changes. If plans cannot be posted on SharePoint, collaboration may be done via email.

Planning

Local health jurisdictions (LHJs) should assess and update their own public health emergency response plans in conjunction with all external and internal partners. The LEPC or TERC in your area not only should be familiar with any emergency plans your agency is writing and maintaining, but also participate in plan development. Collaboration with these partners is critical to integration and awareness of responsibilities for community preparedness and emergency response.

The Planning deliverables for the grant year demonstrates certain elements required by the CDC National Standard Public Health Preparedness Capabilities (2011), specifically #1 Community Preparedness, #2 Community Recovery, # 7 Mass Care, as well as periphery components in #5 Fatality Management and #15 Volunteer Management.

P1 Review Public Health Risks & Hazards

Due: 2nd Quarter (1/15)

Complete the public health capabilities gap analysis.

Guidance: The overall purpose of the gap analysis is to provide guidance for planning and preparedness activities that build resilience to public health disasters and emergencies. The analysis will assist PHEP to develop future deliverable goals as well as provide jurisdictions to prioritize their own preparedness efforts.

This survey is condensed from the original performed four years ago. PHEP will compare elements between the two in preparation for the next five year funding cycle from the CDC. The assessment itself is based on the national standards for Public Health Preparedness Capabilities published in 2011.

Answer the questions with the best knowledge you have. We don't use this analysis to determine funding in any way. Do not "pad" your responses. We are looking for accurate and honest self-assessments to gauge Montana's preparedness for public health emergency and build the appropriate deliverable requirements to achieve that goal. We will also make the information available to you so you can compare your preparedness against the rest of the state.

PHEP will provide the gap analysis document available in the first quarter. That document will include the guidance and instructions for its completion.

To fulfill this deliverable:

1. Complete and submit the assessment during the second quarter.

P2 Plan Sharing

Due: 4th Quarter (7/15)

Share any or all public health preparedness plans with key community partners.

Guidance: PHEP encourages all jurisdictions to share public health emergency plans with as many community partners as appropriate. These partners are represented by the following sector categories. Entities with an asterisk (*) are priority partners. Please make an extensive effort to engage them. These partners might offer feedback or want to participate in the planning process. Some of the sectors listed are not appropriate for all jurisdictions.

- Local Emergency Management*
- Local Emergency Responders
- Law Enforcement/Coroner
- VOAD/ARC
- Hospital/Clinic
- LEPC/TERC*
- Local Businesses
- Community Leadership*
- Faith-Based Organizations
- Social Services
- Media
- Mental and Behavioral Health Partners*
- Office of Aging or Equivalent*
- Education and Childcare*
- Other Government Agency
- Other

To fulfill this deliverable:

1. Indicate in the PHEP quarterly progress report which partner sectors have seen your plans and the dates you shared with each.

P3 Pandemic Influenza Plan

Due: 3rd Quarter (4/15)

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan and your plan review worksheet to your SharePoint Library.

Guidance: Utilize the assessment tool provided in the deliverable resources folder in SharePoint for your review. Local planning for pandemic influenza is better served by reflecting what will actually happen. Those planning efforts should reflect the resources and capabilities of your community then outline the processes for engaging other state and local partners. Avoid copying and pasting information from the World Health Organization (WHO). That approach does not provide proper planning because their scope is on an international scale. Your community partners should participate and provide feedback for your plans.

To fulfill this deliverable:

1. Upload your completed *assessment* file to your SharePoint folder (please clearly mark it as 2016 Pan Flu Assessment).
2. Upload your reviewed and revised *Pan Flu Plan* to your SharePoint folder.
3. Archive older versions of your pandemic flu plans.

P4 Community Preparedness

Due: Every Quarter

Record the date and attendance of your county LEPC or tribal TERC meeting every quarter.

Guidance: Most local and tribal emergency preparedness partners meet once a quarter. Others can meet more or less often, depending on their needs. Public health has a role in each community as an emergency preparedness partner.

To fulfill this deliverable:

1. Indicate if your jurisdiction's LEPC or TERC met during the quarter and record the date of the meeting.
2. Indicate if your jurisdiction's health agency attended a LEPC or TERC meeting during the quarter.
3. If your agency did not attend, select a reason.
 - No relevant topics

- Not invited
- Didn't know about it
- Conflicting time
- No meeting this quarter
- Other

P5 Update Shelter Locations List

Due: 3rd Quarter (4/15)

Participate with your LEPC, TERC, or equivalent community planning group to update your jurisdictions emergency facilities lists for Disaster Shelters, Volunteer Reception Centers (VRC) if identified, and Points of Dispensing (mPOD).

Guidance: Important: Your *PHEP P5 Deliverable Form* is prepopulated and located in your jurisdiction's SharePoint library.

Disaster Shelter: As the American Red Cross and FEMA rebuild the national shelter system to expand ADA compliances and overhaul ineffective data, Montana has begun the Shelter 2020 project. Local emergency management (i.e., DES) is generally responsible for ensuring sheltering occurs and the American Red Cross generally conducts shelter operations; however, DPHHS is the state coordinating agency for sheltering operations. In order to improve the working relationship between local PHEP and local Emergency Management, and to ensure that public health issues are addressed in the Shelter 2020 project in all public health jurisdictions, update your shelter list in your *PHEP P5 Deliverable Form* and post it in your jurisdiction's SharePoint library. Each shelter list should be divided by county. Tribes may submit their lists to DPHHS in their SharePoint library, or coordinate through their associated county public health offices.

VRC: Volunteer Coordination is not an LHJ responsibility; however DPHHS is responsible for coordinating volunteer management efforts across Montana. In order to enable DPHHS to assist the newly identified volunteer coordinators (P7 from 2015), work with local emergency management partners and your volunteer coordinator(s) to identify primary, secondary and alternate VRC locations. If a location is indeterminable, please comment so in the VRC activity comments section of the *PHEP P5 Deliverable Form*.

mPOD: In order to fulfill federal guidelines, please report the location and contact information for the Points of Dispensing (mPOD) in your jurisdiction.

To fulfill this deliverable:

1. Review the guidance provided in the Shelter 2020: Shelter Selection Tool pages 1-6.
2. Work with relevant LEPC, TERC, or equivalent community planning group to add, remove, or prioritize emergency facilities in your jurisdiction.
3. In the *PHEP P5 Deliverable Form*, update the emergency facility points of contact and locations (left of matrix) and contact information for activity coordinators/managers in the (below matrix) for:
 - a. Disaster Shelter column "I"
 - b. VRC column "L" (if identified)

- c. mPOD column “R”
 - d. Other columns are optional
4. Upload the updated *PHEP P5 Deliverable Form* in your jurisdiction’s SharePoint Library.

Risk Communications

The goal of risk communications planning activities is to prepare messages and communication strategies prior to any public health event. Such preparation saves time and effort in an emergency when the media and the public need critical information in a short period of time. The Risk Communications deliverable for the grant year will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #4 Emergency Public Information & Warning and #6 Information Sharing.

RC1 Risk Communication Plan Review

Due: 3rd Quarter (4/15)

Self-evaluate your jurisdiction’s plans for risk communications by completing the online survey.

Guidance: Your public information plan might be specific to your health department, a general document for your county or tribal jurisdiction, or part of its Emergency Operations Plan, or part of your Public Information Campaign in your EMC plan. Be sure to look at your jurisdiction’s specific efforts to reach Access and Functional Needs (A&FN) populations in the event of an emergency. Your jurisdiction might need to develop signage or other modes of communication to ensure all population groups can receive public health messages. The evaluation form could offer ideas. The Risk Communications coordinator might choose to give some jurisdictions feedback on the self-assessments.

To fulfill this deliverable:

1. Complete the online survey. PHEP will provide the link to the survey, post it on SharePoint, and include it in the progress report template.

Training

The Training deliverables demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities (2011), specifically #3 Emergency Operations Coordination. All local health jurisdictions (LHJs) are to maintain a NIMS compliant standard of readiness achieved with a transcript including a minimum of three ICS courses.

T1 Training & Exercise Calendar

Due: 1st Quarter (10/15)

Update your current public health training and exercise calendar, a minimum of two years out, that includes exercises and instruction based learning events.

Guidance: Include proposed training dates (or a date range), who will participate, and the purpose of the event. Include any activities associated with fulfilling the 2015-2016 deliverables (i.e. EMC4, EX1, and others). This document could be used to support the EX2 deliverable. An exercise and training schedule template is available on SharePoint and from the DPHHS Training Coordinator.

To fulfill this deliverable:

1. Update the Training & Exercise calendar.
2. Post the calendar to your SharePoint library and record the date of the upload in the report template.

T2 ICS/IS Training

Due: 4th Quarter (7/15)

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700. If staff is already trained to that level, at least one person must take at least one other FEMA ICS or independent study course.

Guidance: ICS stands for Incident Command System. IS means Independent Study. This training for 100, 200, and 700 courses, and others, is available on-line at <http://www.training.fema.gov/is/nims.aspx>. Other advanced or position specific training is also available on this website. In-person field courses are also offered through the state Disaster and Emergency Services. Speak to your local emergency manager to get information about this kind of training.

To fulfill this deliverable:

1. Create a spreadsheet listing each employee's name and the dates and names of the ICS courses taken.
2. Keep copies of the FEMA certificates in a file.
3. Upload the spreadsheet into your county library in SharePoint and record the date of the upload in the progress report template.

T3 Local Volunteer Registry Manager

Due: 4th Quarter (7/15)

Maintain one Volunteer Registry manager (or back-up manager) for your jurisdiction. If a new person is identified, they must attend a training offered by PHEP.

Guidance: For scheduled sessions, contact Margaret Souza at 444-3011 or msouza@mt.gov.

To fulfill this deliverable:

1. Provide the name of the administrator or back-up administrator and date of training year.